DEC 0 8 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Number : 10/053,571

Confirmation No. 3445

Applicant

: MAGUIRE

Filed

: January 24, 2002

Tech Center/AU

: 1771

Examiner

: Ruddock, Ula Corinna

Entitled

: NO-TWIST FABRICATED FILTRATION SCREEN

Aπomey Reference : 012138-0290479

Customer Number : 00909

CERTIFICATION OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8

I hereby certify that the following papers are being transmitted by facsimile to Examiner Ula Corinna Ruddock at the U.S. Patent and Trademark Office at (703) 872-9306 on the date shown below:

- Amendment Transmittal
- Amendment

Respectfully submitted,

PILLSBURY WINTHROP LLP

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Date: December 8, 2004

TOTAL NUMBER OF PAGES IN FACSIMILE: 11

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Attorney's Docket 012138-0290479

Client Reference: 12NP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of:

Confirmation Number: 3445

MAGUIRE

Application No.: 10/053,571

Group Art Unit: 1771

Filed: January 24, 2002

Examiner: Ruddock, Ula Corinna

For: NO-TWIST FABRICATED FILTRATION SCREEN

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT/RESPONSE TRANSMITTAL

Transmitted herewith is an amendment/response for this application.

FEES

The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

	CLAIMS REMAINING HIGHEST NO. AFTER PREVIOUSLY AMENDMENT PAID FOR				PRESENT EXTRA		RATE			ADDIT. FEE		
TOTAL			28	=	0	х	\$_	9.00	=	\$	0.00	
INDEP.	3		6		0	x	\$_	44.00		\$	0.00	
	RESENTATION	OF M	IULTIPLE	DEP	CLAIM	+	\$	150.00		\$	0.00	
TOTAL ADDITIONAL CLAIM FEE										\$	0.00	
GRAND TOTAL										\$	0.00	

T-671 P.003/011 F-784

MAGUIRE - - 10/053,571 Client-Matter: 012138-0290479

FEE PAYMENT

Authorization is hereby made to charge the amount of \$0.00 to Deposit Account No. 033975. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above. A duplicate of this paper is attached.

Date: December 8, 2004

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TOTAL	11	-	28	=	0	x	\$	9.00	=_	\$	0.00
INDEP.	3		6	=	0	x	\$_	44.00	=	\$	0.00
FIRST P	RESENTATION	OF MI	JLTIPLE	DEP	. CLAIM	+	\$	150.00	=	\$	0.00
TOTAL ADDITIONAL CLAIM FEE									\$	0.00	
GRAND TOTAL									\$	0.00	

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